

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Conservative Action Fund

ADDRESS (number and street)

203 South Union Street

Suite 300

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00496505

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

11

04

2014

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the State of

5. Covering Period

10

01

2014

through

10

15

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dan Backer Esq.

Signature of Treasurer

Dan Backer Esq.

[Electronically Filed]

Date

10

21

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Conservative Action Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
10		15		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><t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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Conservative Action Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y
10		15		2014

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10077.76

30443.88

(ii) Unitemized

13780.65

146699.99

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

23858.41

177143.87

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

23858.41

177143.87

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

1763.42

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

23858.41

178907.29

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

23858.41

178907.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	15418.74	134577.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15418.74	134577.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	255.00	6528.08
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	110.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	110.00
29. Other Disbursements	5000.00	7242.43
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20673.74	148457.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20673.74	148457.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23858.41	177143.87
34. Total Contribution Refunds (from Line 28(d))	0.00	110.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23858.41	177033.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	15418.74	134577.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	15418.74	134577.31

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. Pat Ainley

Mailing Address PO Box 3908

City

Crestline

State

CA

Zip Code

92325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ainley Enterprises LLC

Occupation

Property Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

10 / 14 / 2014

Transaction ID : SA11AI.15982

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jean Angle

Mailing Address 35 E. Via Verde St.

City

Wichita

State

KS

Zip Code

67230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

10 / 11 / 2014

Transaction ID : SA11AI.15594

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Richard Azar

Mailing Address POBox. 6172

City

San antonio

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

Transaction ID : SA11AI.15763

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. A. Ballard

Mailing Address 1021 Main Street Suite 2310

City State Zip Code
Houston TX 77002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ballard exploration company, inc.

Occupation
Oil & gas exploration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.16012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Edward Banner

Mailing Address 35 Broad Oaks Estates Ln

City State Zip Code
Houston TX 77056

FEC ID number of contributing
federal political committee.

C

Name of Employer
USAP

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11AI.15984

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thomas Black

Mailing Address 505 McIntosh Drive

City State Zip Code
Shreveport LA 71115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.76

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2014

Transaction ID : SA11AI.15299

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

1600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. Thomas Black

Mailing Address 505 McIntosh Drive

City

Shreveport

State

LA

Zip Code

71115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.76

Date of Receipt

10 / 14 / 2014

Transaction ID : SA11AI.15893

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Nesbit and Ann Dasher

Mailing Address 2349 Williams St Unit 107

City

Augusta

State

GA

Zip Code

30904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 13 / 2014

Transaction ID : SA11AI.15820

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. norman elliott

Mailing Address 4555 e mayo blvd
3301

City

phoenix

State

AZ

Zip Code

85050

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 07 / 2014

Transaction ID : SA11AI.15390

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. CHANNING FREDERICK

Mailing Address 2485 HIGHWAY 460 E

City
WEST LIBERTY

State Zip Code
KY 41472

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOOTHILLS CONTRACTING, LLC

Occupation
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.15209

Amount of Each Receipt this Period

150.00

Earmarked contribution for Friends of Chris McDaniel,
committee ID C00550657

Full Name (Last, First, Middle Initial)

B. J. Michael Gearon

Mailing Address 4476 woodland brook dr

City
atlanta

State Zip Code
GA 30339

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.16010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Donna Hetland

Mailing Address 122 April Breeze St.

City
Montgomery

State Zip Code
TX 77356

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2014

Transaction ID : SA11AI.15719

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. Donna Hetland

Mailing Address 122 April Breeze St.

City

Montgomery

State

TX

Zip Code

77356

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 14 / 2014

Transaction ID : SA11AI.15944

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Michael Malcolm

Mailing Address 490 Orange Ave

City

Los Altos

State

CA

Zip Code

94022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaleidescape, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2014

Transaction ID : SA11AI.15599

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gilbert Mathews

Mailing Address P.O. Box 911

City

Burnsville

State

MN

Zip Code

55337

FEC ID number of contributing
federal political committee.

C

Name of Employer

n/a

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1077.60

Date of Receipt

10 / 11 / 2014

Transaction ID : SA11AI.15602

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. Shaun McCutcheon

Mailing Address 5011 Lake Crest Circle

City

Hoover

State

AL

Zip Code

35226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coalmont Electric

Occupation

General Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.15205

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. norman powell

Mailing Address pob 510

City

Jensen

State

UT

Zip Code

84035

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

machine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2014

Transaction ID : SA11AI.15601

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kenneth Rasch

Mailing Address 1834 Johnson Ave

City

Fort Dodge

State

IA

Zip Code

50501

FEC ID number of contributing
federal political committee.

C

Name of Employer

rasch Farms

Occupation

farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.08

Date of Receipt

10 / 02 / 2014

Transaction ID : SA11AI.15272

Amount of Each Receipt this Period

17.76

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5517.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. Daniel Stuthers

Mailing Address 3868 Henley Drive

City
Pittsburgh

State Zip Code
PA 15235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.60

Date of Receipt

10 / 05 / 2014

Transaction ID : SA11AI.15332

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Brandon Walker

Mailing Address 728 Quincy Ave

City
Clovis

State Zip Code
CA 93619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.60

Date of Receipt

10 / 07 / 2014

Transaction ID : SA11AI.15388

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. JACK WILLIAMS

Mailing Address 444 N. EL CAMINO REAL
SPC123

City
ENCINITAS

State Zip Code
CA 92024

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2014

Transaction ID : SA11AI.15538

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

10077.76

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 16

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. Campaign Solutions

Mailing Address 117 N Saint Asaph St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Email deployment

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2014
Transaction ID : SB21B.15196

Amount of Each Disbursement this Period

9968.17

Full Name (Last, First, Middle Initial)

B. Campaign Solutions

Mailing Address 117 N Saint Asaph St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
List rental and donation processing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : SB21B.15199

Amount of Each Disbursement this Period

3757.73

Full Name (Last, First, Middle Initial)

C. DB Capitol StrategiesMailing Address 203 S Union St
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Legal and compliance services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2014
Transaction ID : SB21B.15195

Amount of Each Disbursement this Period

1692.84

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►
15418.74
15418.74

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MCDANIEL

Mailing Address POST OFFICE BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement

Earmarked contribution forwarded to Friends of Chris McDaniel from

Channing Frederick
Candidate Name**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: MS District: 00

Primary Challenge

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Transaction ID : SB23.15200

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MCDANIEL

Mailing Address POST OFFICE BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement

Earmarked contribution forwarded to Friends of Chris McDaniel from Milan

Williams
Candidate Name**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: MS District: 00

Primary Challenge

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Transaction ID : SB23.15201

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MCDANIEL

Mailing Address POST OFFICE BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement

Earmarked contribution forwarded to Friends of Chris McDaniel from Frank

Zurev
Candidate Name**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: MS District: 00

Primary Challenge

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Transaction ID : SB23.15202

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

195.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Conservative Action Fund

A. FRIENDS OF CHRIS MCDANIEL

City	State	Zip Code
LAUREL	MS	39441

Transaction ID : SB23.15203

008

Amount of Each Disbursement this Period

CHRISTOPHER BRIAN MCDANIEL

Category/
Type

Age group	Number of people
0-14	1.00
15-24	1.00
25-34	1.00
35-44	1.00
45-54	1.00
55-64	1.00
65-74	1.00
75-84	1.00
85-94	1.00
95-104	1.00

☐ Primary ☐ General
☒ Other (specify) ▼

State: MS District: 00

Primary Challenge

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

Mailing Address POST OFFICE BOX 125

City	State	Zip Code
LAUREL	MS	39441

Transaction ID : SB23.15204

008

Amount of Each Disbursement this Period

Rui Molin
Candidate Name

CHRISTOPHER BRIAN MCDANIEL

Category/
Type

Age Group	Number of People
0-14	~1.0
15-24	~1.0
25-34	~1.0
35-44	~1.0
45-54	~1.0
55-64	~1.0
65-74	~1.0
75-84	~1.0
85-94	~1.0
95-104	50.00

☐ Primary ☐ General
☒ Other (specify) ▼

State: MS District: 00

Primary Challenge

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

60.00

TOTAL This Period (last page this line number only).....

255.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. Republican Attorneys General Association

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2014

Mailing Address 1747 Pennsylvania Avenue NW
Suite 800

City Washington State DC Zip Code 20006

Purpose of Disbursement
Donation

Candidate Name

012

Category/
Type**Transaction ID : SB29.15198**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

5000.00
